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AN HISTORICAL REVIEW AND ANALYSIS OF;  
THE UNITED STATES MILITARY ASSISTANCE  
COMMAND, VIETNAM (MACV)  
DRUG PREVENTION PROGRAM  
(AUGUST 1971 - JUNE 1972)

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## INTRODUCTION

The purpose of this writing is to provide an historical review and analysis of the United States Military Assistance Command, Vietnam (MACV) Drug Prevention Program during the period August 1971 to June 1972.

There are three resources for this writing. First, MACV policies, programs, and directives. Secondly, MACV historical information. Third, the writer's own personal experiences as a staff member of the MACV Drug and Discipline Division, more specifically the Drug Education Branch, from August 1971 to June 1972. The writer's firsthand knowledge and information are based upon his service as a Drug Education Field Team (DEFT) Leader, then as Drug Education Branch, Education Officer, and finally as Chief, Drug Education, Plans, and Policy Branch.

Candidly, in an area where there were no military experts, the MACV Drug and Discipline Division personnel became significantly knowledgeable in an extremely short period of time. The objective here is to clarify the appreciable contribution made by MACV personnel in combatting, and reducing, the problem of drug abuse in Vietnam.

Of several lessons learned one is paramount; a chief cause of so many young Americans becoming victims of drug abuse was their ignorance of the dangers involved in mis-using drugs. Other significant causes are addressed in Chapter V. Additionally, a preventive drug education program such as that begun by MACV is needed within all the military services to overcome widespread ignorance. Moreover, a similar program is needed in our civilian community. The old adage, "...An ounce of prevention is worth a pound of cure...", was a positive truth in the Vietnam drug abuse campaign.

# I

## PRE-1971 PROBLEMS

### Marijuana

The drug challenge in Vietnam, which ultimately gained national and world-wide attention in 1971, was not new to American serving there. During the writer's initial tour (1968-69) the use of marijuana was widespread and flagrantly practiced by combat and combat support troops alike. The difficulties faced by U.S. commanders and military law enforcement agencies, as well as U.S. and Vietnamese civilian agencies, were monumental. The legal safeguards regarding apprehension and prosecution of violators presented nearly insurmountable obstacles.

The solution to the problem of the ready availability of marijuana seemed to be the elimination of the supply. While the Delta region of Vietnam was the largest producer marijuana was also introduced from other Southeast Asian countries, primarily Cambodia. During late 1969 and early 1970 a concerted effort was made to destroy the growing plants, and to legally prohibit the growth, supply, or sale of marijuana in Vietnam. This was accomplished through a joint U.S.-Vietnamese civilian and military campaign.

Unfortunately, these all out efforts were too successful. The destruction of marijuana sources and markets caused suppliers to shift their operations to other types of dangerous drugs. In the writer's own experience during the spring of 1969, in Binh Dinh Province, French and Vietnamese produced amphetamines and barbiturates became available to, and were used by, American soldiers. However, high cost and difficulties of distribution proved these drugs to be an unprofitable market on an extensive basis.

## Heroin

In early 1970 the infinitely more dangerous drug, heroin, was introduced to Vietnam on a dramatic scale. The combined U.S.-Vietnamese drug intelligence network, as a part of the newly formed MACV Anti-Drug Task Force, was able to supply some pertinent information on the sources of the heroin. While the opium poppy can be grown in all Southeast Asian countries the main source of supply proved to be the "Golden Triangle". This is the triborder area of Burma, Thailand, and Laos. The opium grown there was converted into heroin in the remote hillcountry "laboratories". From that point the heroin found its way into Vietnam by direct means of land, air, sea, and river traffic. A second reported method was to ship the raw opium from Bangkok, Thailand to Hong Kong, BCC, where conversion occurred and, in turn, a part was shipped to Vietnam.

The refinement "laboratories" were by no means up to the standards Americans may visualize. However, the purity of their product was unquestionable. The heroin was 94-97 percent pure, compared to an average potency of 3-12 percent found on the U.S. street market. From one end of Vietnam to the other heroin became available in bars, restaurants, on American bases, and along roads and streets. Sales personnel varied from children to old people, bar girls to "hooch" maids, with a significant number of American GI "pushers".

Now, in addition to the battlefield enemy, U.S. Forces were confronted with the equally dangerous (and perhaps moreso in the long-run) enemy -- drug addiction.

## II

### MACV DRUG AND DISCIPLINE DIVISION (JL3)

#### The Attack Is Mounted

The efforts of the MACV Anti-Drug Task Force proved inadequate to meet the challenge presented by the flood of heroin which swept Vietnam. Consequently, the problem of drug abuse in Vietnam became a hotly contested political question in the United States. Charges and counter-charges as to the number of American personnel abusing drugs, and the seriousness of their involvement, became the subject of innumerable political, medical, psychological, religious, and journalistic documentaries and debates. The splintered efforts of the U.S. military services were unable to provide realistic statistics or answers to a genuinely concerned populace at home, much less present a viable solution to the problem in Vietnam.

On 17 June 1971 President Nixon ordered that every conceivable military and civilian means be brought to bear on the problem of drug abuse -- in Vietnam and at home. Unfortunately, despite the emergence of the drug culture on the American college campus in the mid-1960's, there were no "experts" available to supply ready-made solutions to the military's problem. Moreover, it quickly became evident that higher command programs toward solutions were likewise absent. The Commander of U.S. Forces in Vietnam (COMUSMACV) ordered that MACV therefore produce its own "on-the-job-trained" experts, from within its own military resources. As a result, on 1 July 1971, the MACV Drug and Discipline Division (JL3) was established under the direction of the MACV Personnel Staff Officer (JL).

## MACV J13

The J1 was charged with coordinating all facets of the program within MACV staff agencies and component commands. Staff agency program input was received from; MACV J2 (intelligence), Provost Marshal (detection and enforcement), Command Surgeon (treatment and research), and the Information Officer (educational publicity and release of public information). Each of the component services, USARV (Army), 7th U.S. Air Force, and NAVFORV (Navy) supplied information on their existing problems, programs, and plans.

The MACV Drug and Discipline Division (J13), under the direction of the Deputy J1, was responsible for creating a unified and viable program from the mass of information received. There were initially two branches within the Division; (1) Plans, Policy, and Statistics -- and (2) Drug Education. Experiences of the now defunct MACV Anti-Drug Task Force served as a basis for the six-pronged program which emerged;

- Education
- Intelligence
- Detection
- Enforcement
- Treatment
- Research

## Plans, Policy, and Statistics Branch

During the April-June 1971 timeframe experimentation with a urine testing (urinalysis) program had been initiated. The success achieved in identifying (and deterring) drug abusers provided one of the first reliable tools for measuring the depth and breadth of the problem. As a result, MACV directives formulated by the Plans, Policy, and Statistics Branch required mandatory urinalysis testing of all U. S. Military and civilian personnel. Initially,



testing was for heroin only. In August 1971, to provide fuller information, testing was expanded to include amphetamines and barbiturates. As reliability of the testing became established (finally reaching a point of 95 percent accuracy in detecting specific drugs) testing requirements were also increased. From a single required testing of all personnel departing Vietnam upon completion of tour (DEROS) the program was expanded to include; rest and recreation (R&R) departures, re-enlistments, personnel on temporary duty in Vietnam more than thirty days, tour extensions, medically evacuated personnel, and un-announced tests of all military units. Later, weekly re-testing of all previously identified drug users was also implemented.

The Plans, Policy, and Statistics Branch developed the following management indicators and trends to provide answers to all manner of questions being asked;

Urinalysis Testing Techniques

Unit Evaluations

User Profiles

Military Offender Profiles

Confiscation Techniques

Suppression Information

Rehabilitation Experiences

Treatment Experiences

Research Information

By early October 1971 sufficient data was available to identify the average drug abuser as 18-25 years of age, and in the grade of E1 through E5 (private to junior sergeant). Additionally, the management indicators were beginning to supply a data bank of biographical and demographic information on the drug abuser. A computer bank was established by USARV, based upon MACV required weekly reports from the component services.

Each effort developed and programed by the Plans,



Policy, and Statistics Branch was targetted toward;

- (1) Prevention and elimination of drug abuse.
- (2) Aiding the victims of drug abuse.
- (3) Assisting commanders at all levels in their efforts to combat drug abuse.

The growing data bank provided positive reinforcement of a long established principle of military leadership; that the well-led unit had minimal disciplinary or social problems, including drug abuse.

A further significant data bank input was the role played by disciplinary and human relations problems as factors contributing to drug abuse at the local unit level. In order to address these problems in depth, and to assist commanders, a third branch -- Discipline and Human Relations -- was formed within J13 during August 1971.

In the final analysis, what course of action could best utilize the wealth of information and data being received by the Drug and Discipline Division? Efforts thus far were primarily a "reconnoitering and holding action". All evidence pointed to the fact that action must be taken to "...close the barn door before the horse was stolen..". The task of implementing a preventive drug education program rested with the Drug Education Branch.

### III

#### MACV DRUG EDUCATION BRANCH

##### Initial Actions

The task confronting the Drug Education Branch was multi-faceted. The initial determination made was that the previous use of "scare tactics" regarding the dangers of marijuana had created a sizable credibility gap between leadership and the young soldier. This mistake would not be repeated with heroin and other dangerous drugs. Secondly, rapport must be quickly established with target audiences and the material presented be relevant. The "reading" of prescribed lessons plans would not motivate the highly educated young soldier of 1971, nor the old timers. Third, both the young soldier and his leaders must be reached immediately and the program could not be a "one shot event" during the long twelve month tour in Vietnam.

Since early July carefully selected company grade officers (O2's and O3's), enlisted personnel in grades E4 to E6, and U.S. employed Vietnamese civilians, had been undergoing a rigorous self-education program. Their resources were;

- (1) Department of Defense Drug Abuse Kit, FY 71 (a thirty-six volume library on all known aspects of drugs and drug abuse.
- (2) Personal discussions with patients and medical personnel in drug abuse treatment and rehabilitation centers.
- (3) Seminars with legal, enforcement, and medical personnel.
- (4) Intelligence and common sense.

Each potential instructor was responsible for preparing his own basic drug education presentation, rehearsing verbally, and finally passing an extremely critical

review board of peers and superiors. The "murder board" sought to present the potential instructor with every conceivable type question or reaction he would face with a real audience of soldiers -- young or old. However, full acceptance or assignment as a Drug Education Field Team (DEFT) instructor was not granted by the Branch Chief until he had successfully accomplished instruction with a live audience -- and survived the experience.

On 26 July 1971 the first preventive drug education presentation for newly arrived MACV personnel was conducted. The presentation was designed to prepare all ranks for what they would be confronted with on the Vietnam drug scene. A commonly heard complaint in treatment centers and rehabilitation facilities was, "...If someone had just told me about the drug scene here when I first arrived I would not have started 'messing' with it..". The objective of the inprocessing class was to counteract this frequently adopted rationalization for drug abuse. This class was the first step in a continuing process of preventive drug education during the soldier's twelve month tour in Vietnam.

#### Infant DEFTs

The Drug Education Field Team (DEFT) concept was designed, and implemented, to carry preventive drug education classes to differing target audiences. DEFTs moved by any means of transportation available to U.S. units throughout Vietnam. The separate target audiences were; Officers and NCO's (E6 and Above), E1 through E5 personnel, and locally hired Vietnamese civilian employees on U.S. installations.

The DEFT method of instruction for U.S. personnel was to provide a 15-25 minute informal framework on drug characteristics, abuses, and signs of abuse, as well as the inherent dangers of abuse. During and following this

hard-hitting, factual, and relevant presentation the instructor encouraged open dialogue from his audiences. The size of the audiences was kept to a maximum of forty persons. The longest recorded session was a five and one-half hour evening session--on the audiences own time. The presentations and discussions normally averaged two and one-half hours.

The classes for the Vietnamese personnel followed the more traditional lecture method. The classes were designed to provide information on drugs, forms of drug abuse, Vietnamese laws against drug use and trafficking, and penalties for violators. The ignorance of Vietnamese citizens on these subjects caused many of them to be unwitting violators of Vietnamese laws -- in their constant battle to make enough money to survive. Many Vietnamese employees had been coerced into supplying drugs to Americans on U.S. installations under threat of losing their jobs. The objective of these classes was to undercut this coersion and halt the flow of drugs onto U.S. bases by Vietnamese citizens. A further significant point to this group was the potential threat to Vietnamese young people--by the drug suppliers--when U. S. forces finally departed their country.

#### DEFTs Achieve Credibility

During the month of August 1971 presentations were made to target audiences in the Saigon area. In September 1971 the first field effort was successfully accomplished. By October three DEFTs were fully operational, traveling throughout the four military regions of Vietnam. In early October a new dimension was added to each DEFT. In September the director of the National Council for Prevention of Drug Abuse (which is the educational element of TEEN CHALLENGE in the U.S.) had agreed to supply two young civilian ex-drug addicts for each DEFT.

These young men had overcome their drug addiction as a result of a religiously based experience with Jesus Christ. Upon their arrival in October two were integrated into each operating DEFT. The revealing of their personal experiences with drug addiction added a first-hand credibility to DEFT presentations and discussion dialogues. However, at no time were these mandatory drug classes allowed to evolve into religiously oriented sessions. Initially there was that danger with the young ex-addicts being so Christian oriented. However, a significant amount of religious discussion in relationship to "turning off drugs" did occur following the conclusion of mandatory classes.

The DEFT make-up was now; one officer and one civilian ex-drug user for Officer/NCO classes, one Enlisted Instructor and one civilian ex-drug user for E1 through E5 classes, and one Vietnamese instructor for Vietnamese civilians.

By early November five DEFTs were operational. Branches represented among officer instructors were; Infantry, Artillery, Air Defense, Adjutant General, and Chaplain. Enlisted Instructor branches were; Infantry, Military Police, Military Intelligence, Quartermaster, and Adjutant General. Among a lengthy list of qualifications established by the Chief, Drug Education Branch, each DEFT instructor was required to:

- (1) be capable of communicating ideas positively and clearly (a good public speaker);
- (2) be a believer in drug education;
- (3) be a humanitarian.

An additional qualification later became evident; a strong physical, mental, and emotional constitution. By the end of November, after two and one-half months of operation, DEFTs had made 714 presentations to some 27,412 personnel. Locations varied from firebases to compounds to multi-



sized installations throughout Vietnam.

DEFT scheduling was accomplished by the Branch office through coordination with the Drug Abuse Control Officer (DACO) on the staff of each military region commander. The DACO scheduled DEFT visits for units in his military region. DEFT Leaders were responsible for scheduling transportation for their teams into the military region. Local units were responsible for logistics and transportation for DEFTs upon arrival at their unit. In actuality, DEFT Leaders became "experts" in transportation, logistics, snafu's, command channels, and leadership principles -- both U.S. and Vietnamese varieties.

#### DEFT Subject Matter for Officers and NCO's

From the very beginning DEFT instructor preparations were targetted toward getting, and holding, the immediate attention of their respective audiences. As a result of many hours of "brainstorming" the decision was made to forthrightly attack the most dangerous drug facing the military services as a whole -- alcohol. Among older leaders DEFTs aroused quick hostility for factualizing the "older generation's" form of drug abuse. Furthermore, it was pointed out that leadership could not expect subordinates to adhere to their exhortations regarding heroin when alcohol abuse was flagrantly practiced before them by higher ranks. To enable leaders to recognize other forms of drug abuse, drug characteristics and physical signs of abuse were provided on heroin, barbiturates, amphetamines, hallucinogens, and marijuana.

Specific aspects of leadership, methods of communication, aids in counseling, and requirements for successful rehabilitation in the local unit were addressed. The goal of each DEFT session was to avoid monologue and to encourage dialogue. The successful DEFT member's role was

that of resource person and catalyst of group discussions. DEFTs advocated a renewal of tried and tested principles of leadership in combatting drug abuse. The growing statistical data bank verified beyond dispute that well-led units did not have drug abuse problems. Leaders concerned with the total welfare and morale of their men were encouraged to open communications up and down their chain of command. Leaders were likewise reminded that those who failed to know their men as individuals, or who divorced themselves from involvement with the problems of their men, relinquished their right to lead. Detailed information on the controversial EXEMPTION program for drug abusers desiring treatment and rehabilitation was supplied and discussed. The pro's and con's of this program were, more often than not, hotly contested. This was due in large measure to the unyielding, negative attitude of some older leaders toward affording a second chance to identified drug abusers.

A basic DEFT teaching point stated to every leadership audience (in a variety of ways) was;

"We are here to help you find solutions to your existing drug problems, and to prevent future problems, not to supply you with readi-made answers. There are none."

This point sought to strictly and strenuously avoid;

- (1) DEFTs appearing as "experts" with all the answers,
- (2) DEFTs trying to tell unit leaders how to operate their units.

Moreover, in addition to the countrywide common factors of family separation, isolation, boredom, fear, and uncomfortable (or inconvenient) living and working conditions, each local unit might possess its own peculiar circumstances that enhanced or engendered drug abuse. Motivating local unit leadership to solve their own problems was a primary DEFT objective.



## DEFT Subject Matter for E1 Thru E5's

Initial experience proved that candid conversation regarding alcohol abuse provided an excellent springboard into drugs most commonly abused by the younger soldiers. An informal factual presentation, like that for the older group, served as a basis for frequently heated and hostile sessions. DEFTs found the greatest heat was generated in defense of misconceptions or outright ignorance of the characteristics and dangers of drugs. It became evident that many young soldiers who professed great knowledge about drugs did not possess the correct knowledge.

A basic DEFT principle for creating rapport with the younger group was to respectfully bar all persons above the grade of E5 from their sessions. Only on rare occasions was the DEFT Leader called upon to exercise his COMUS MACV authority supporting this principle. This requirement provided freer and more open discussion of unit problems, and unit leadership, without the presence of superiors. This also gave the young Enlisted Instructor and civilian ex-addict greater freedom in responding to valid criticisms of outmoded military establishment rules and policies. These young instructors had been selected for their intelligence and ability to rationally and positively criticize military procedures that enhanced drug abuse. They were in no way suppressed in expressing their views to the audiences they sought to reach. They were able to talk the language of their peers and still capably express the military's concern for the total welfare of its men.

A key emphasis of these sessions was factual information. As mentioned previously, the use of scare tactics was strictly and strenuously avoided. The thrust of the presentation was based upon faith in the young soldier's ability to make a sound, rational decision regarding his personal welfare once he had the facts. With the passage

of months this faith was proven to be generally well founded.

Another essential element which the young Enlisted Instructor and civilian ex-addict successfully introduced was peer pressure against drug permissiveness. Older personnel, because of their age, could not have achieved this counter-drug culture atmosphere. Moreover, the personal problems, criminal violations, prison sentences served, and agonies of rehabilitation experiences revealed by the young ex-addicts lent a credence unachievable by those outside the drug scene. However, at no time did any DEFT member ever advocate anyone's trying any drug to find out what it is like. Rather, the young ex-addict and his "straight" co-worker bluntly stated, "Look at what happened to my life (or his life) because of drug abuse." The impact of the message was profound and rewarding.

#### DEFT Phase II

In November 1971, as a result of a field experiment, a second phase was added to the DEFT concept. Separate classes were being conducted at an isolated Support Battalion basecamp. In the midst of the E1 thru E5 session a request was made to meet and talk with the Officer and NCO group, also in session, about the unit's problems. The new battalion commander was "...willing to try anything.." that would lead to a resolution of the significant drug problem in his unit. The result was a joint session of all ranks. A constructive dialogue of over three and one-half hours ensued. The DEFT Leader recognized that this type session could well be utilized in additional visits to a given unit. The desired objective of a continuous process of preventive drug education, and not simply a one shot effort, could likewise be achieved. Following further experimentation by all DEFTs the combined session of leaders and enlisted personnel became the method of instruction

for second, third, and fourth DEFT visits to a local unit. With Phase I and Phase II programs saturation education became a reality.

#### IV

### MACV DEFT OPERATIONS BRANCH OUT

#### Incountry Mission Expansion

In the initial days of operation the DEFTs worked primarily with MACV advisory elements scattered throughout Vietnam. As word of the DEFT impact spread one thing became significantly obvious; DEFTs were creating communication/conversation/dialogue where little or none had previously existed. In the beginning the Branch Chief went begging to schedule classes. With the passing weeks the Operations Officer was deluged with requests for DEFT commitments. The reality of a mobile team ready to drop in anywhere, no matter how small the size team or unit, spread rapidly. A further realistic cause for the demand for DEFTs was the unconditional command support rendered by COMUSMACV. Directives encouraging DEFT utilization by component services opened many closed doors, and closed minds. Once on the local scene DEFTs sold themselves.

The plan of action was realistic and simple; sell the senior commanders. Special briefings were provided for commanders of each component service, military region, division or wing-sized unit, as well as commanders at lower levels once entry was made into a particular military region. The DEFT member qualification of believing in the product -- drug education -- made the program work.

By early October 1971 requests for DEFTs had been received from USARV units countrywide. The impact of MACV DEFTs caused USARV to later implement a modified form for Army preventive drug education efforts. The difference was they did not utilize civilian ex-addicts, which reduced their effectiveness. On 10 November, Headquarters 7th Air

Force requested that MACV DEFTs assume their requirements for preventive drug education. Following a December briefing, NAVFORV requested that MACV incorporate their existing drug education personnel into MACV DEFTs and provide coverage for all Navy elements. By January 1972 MACV DEFTs were providing preventive drug education for all U.S. military forces in Vietnam.

#### Outcountry Expansion

The message concerning the credibility, relevance, and impact of DEFTs was spreading. In late November the Commander-in-chief of U.S. Forces, Pacific (CINCPAC) J1 made a personal visit to Vietnam to observe "this MACV tempest in the drug pot". The result was a December CINCPAC directive to all major Pacific Commands directing that representatives be sent to a "MACV Training Conference for PACOM DEFTs", to be held in Saigon during January 1972. During the two week January conference the MACV Drug Education Branch trained representatives from all PACOM commands, with the exception of Thailand and Japan. In late January a DEFT accomplished a ten day on-site training session for MACTHAI personnel in Bangkok. In short, the effectiveness of the DEFT concept and message had been recognized and accepted as a viable means toward solution of the drug abuse problem in Southeast Asia.

#### Phasedown

The peak of DEFT operations occurred in the October 1971 to January 1972 timeframe. In February 1972 the rapid drawdown of U.S. forces in Vietnam commenced. DEFT operations were once again at a three team level. The DEFT headlines had been made in the fall of 1971. The months of January to June 1972 were spent in long, difficult days and weeks of living up to that reputation. A statistical summary of DEFT operations for the ten month

period of August 1971 to June 1972 shows some 1,700 presentations made for over 59,000 personnel. Considering the average class was between 30-35 persons, and the often wide-spread locations of American personnel in-country, the DEFTs lived up to their motto of, "Have the Drug Facts -- Will Travel", both in and out of Vietnam.

## ANALYSIS AND OBSERVATIONS

## Negative Observations

First, although the campaign of preventive drug education, when finally launched, made a significant impact on drug abuse in Vietnam the efforts came too late -- for too many. The tragic loss and destruction of so many lives could have been lessened, or prevented, had the U.S. military services responded more positively to the warning signals that emerged as early as 1969. This can be partially traced to some officers and NCO's closing their eyes (and minds) to the problem. Furthermore, the overwhelming majority of E1-E5 personnel (far out numbering the drug abusers) could have exercised an anti-drug influence but largely failed to do so. As a result, the very small percentage of drug abusers created a false image for all. Unfortunately, only after public, Congressional, and Presidential prodding did the military services marshal its full forces in the all-out campaign against drug abuse.

Secondly, weekly "After-Action Reports" filed by DEFT Leaders and members verified indications that the U.S. policy of enclosing personnel in base camps helped create an atmosphere conducive to drug abuse. The young soldier's being "locked in" resulted in boredom, isolation, a breakdown of discipline, and human relations problems. The young soldiers rebelled. The immature response of some was "...to get even with the Green Machine..", and drug abuse was a means to that end. Granted, the conduct of warfare is not a pleasant experience, nor one of "fun and games." However, with the change in our military posture from an offensive to a defensive role in late 1969 and thereafter,



good prior planning would have reduced the many thousands of troops who literally had "nothing to do". The accumulated statistical data supports the fact that too many of these excess personnel became victims of drug abuse.

Third, evidence points to the failure of some middle management leaders to be concerned about the problems of their young soldiers, and to assist in resolving them, as a contributing factor in the growth of the drug culture in Vietnam. Additionally, the sometimes poor and antagonistic attitude of some professional leaders toward those who did seek treatment and rehabilitation did little to enhance the military's offer of EXEMPTION to the drug abuser. Again, data bank information verified that good leadership was all too evidently lacking in units with significant drug abuse problems.

#### Positive Observations

First, while the callous attitudes of some did contribute to drug permissiveness (as depicted in the previous section), the vast and overwhelming majority of military leadership responded positively to the challenge during 1971-72. Furthermore, statistical information provided evidence that the military services had not created, but rather in large measure had inherited its drug problem from our civilian society. Moreover, once the problem of drug abuse was attacked the military's efforts produced strong indications that drug abuse can be reduced through deterrence and preventive education -- coupled with concerned leadership.

Second, the military preventive drug education program provided clear evidence that when the young 18-25 year old American is well-informed he can, and does, make rational decisions about drug abuse. More importantly, the positive results of the DEFT concept, experiences, and lessons learned can well be applied to our civilian society --

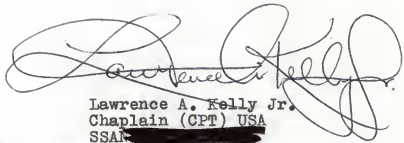
as well as throughout the military's world-wide community.

Third, the DEFT concept of relevant dialogue at all levels proved that the military can, and does, listen to its people -- and does act to solve problems when positively motivated. Conversely, good leadership can and does act upon danger signals prior to the eruption of problems. Good, open, communications up and down the chain of command is, and always has been, the ounce of prevention that is far better than the pound of cure.

Fourth, the preventive drug education program built by the MACV Drug and Discipline Division served as a format for all levels of the military service. MACV policies, and programs, became the skeleton and framework -- and in some cases the flesh and blood -- of Department of Defense and component services policies and programs. In short, the highest levels of the U.S. military structure recognized that MACV was emersed in a "trial and error problem solving effort." As workable solutions emerged the lessons learned benefited the entire military system. Hopefully, these lessons learned in the military community will be applied our civilian community as well.

#### Final Solution? - Not Yet

In summary, MACV personnel recognized very early that their efforts could not be a "one shot event." The old adage of, "...Misery loves company..", applied all too well. While peer pressure to consume alcohol might not necessarily result in alcohol addiction, the risks of addiction for the "experimenter" with 94-97 percent pure heroin are overwhelming. The dangers of misusing drugs in any form must become a part of the educative process of younger generations. It must be pointed out that changing the form of poison from alcohol to contemporary drugs is no solution to human problems. Until this is recognized and accepted there will be no solution to drug abuse.

A large, stylized handwritten signature in black ink, appearing to read 'Lawrence A. Kelly Jr.', is written over the typed text.

Lawrence A. Kelly Jr.  
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SSAN [REDACTED]

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